

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597972

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2			/	/			52						
3		2		/			53						
4		0		/			54						
5		0		/			55						
6		0		/			56						
7		0		/			57						
8		0		/			58						
9		0		/			59						
10		0		/			60						
11		0		/			61						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/	↓	/	↓		↓							
TOTAL DEP.	13	←	12	←		←							
TOTAL CLAIMS	14		13										